2 13	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS THE STATE BOARD OF THE STANDARD CERTIFIES					
39 3 667 1	Fì					
	R	Registration District No. 1344 Primary Registration Distric		ct No. 3058 Registrar's No. 7/		
	1.	PLACE OF DEATH ST Chan	Va	2. USUAL RESIDENCE OF DI		
RI	//	c) County D) City or town St. Cha les (If outside city or town limits, write "RURAL" and name of township) C) Name of hospital or institution:		(a) State Missouri (b) County St. Charles		
Ž	(c			(c) City or town Cottle	BV1116 Laide city or town limits, write "RURA	92
PERMANENT RECORD		St. Joseph's Hospital U		(d) Street No	~~~	
	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution 3 days In this community				(If rural, give location)	70
Z				(e) Citizen of foreign country?	/3	(Yes or No)
RM				If yes, name country	CEPTUICATION	
-MAKE A PE				MEDICAL CERTIFICATION 20. DATE OF DEATH: Month April day 14		
	3.	(b) If veteran, 3. (c) Social Security		11		57 P.M.
		name war. None	No. None	21. I hereby certify that I attended		#
		5. Color or	6. (a) Single, widowed, married,	, 19.	to 4/14	1944
X		Sex Female / race White		that I last saw h alive on	4/14	19
Z	6.	(b) Name of husband or wife	רלי	and that death occurred on the date	and hour stated above.	Duration
CK	ļ ;		YEATS	cure	agery. E	162.
UNFADING BLACK INK		Birth date of deceased September 13, 1874 (Year)		eft T		
့်	8.		ays If less than one day	Due to general	aten selve	
חַם		69 7 1	hr,min.	- Zuenau	Myontenna	
(FA	9.	Birthplace Cottleville	Missouri O	Due to	***************************************	***************************************
		(City, town, or county) Housewife	(State or foreign country)	Other conditions Recent A	watery	
-USE	201 Ostal Ocupation		(Include pregnancy within 3 months of d	carrie de seccar	PHYSICIAN	
.'. I	11. Hi (Industry or business 12. Name Daniel Stephe	ens	Major findings: Of operations	meliting	
	猒	13. Birthplace Cottleville	Missouri /			Underline the cause to
AIR	E /	14. Maiden name Caroline	Miller (State or foreign country)	Of statepsy		which death should be charged sta-
I	剧	15. Birthplace Cottleville	Missouri ()			tistically.
WRITE PLAINLY	(State or fo		(State or foreign country)	22. If death was due to external ca		
WR	10. (d) Informatic 7.		(b) Date of occurrence	(0)		
	,,	(0)	Pate thereof Apr. 17, 194	(c) Where did injury occur?	(Cia a a) (Ca)	(Sheeka)
		(Burial, cremation, or removal) (Mouth) (Day) (Year)		(d) Did injury occur in or boyt ho	me, on farm, in industrial place, ir	public place?
	4.0	(c) Place: burial or cremation EV. (d) Signature of fuperal director.	mann-Bin	lle	poolfy type of place)	
	18.	(b) Address 3 1 1 1 1	Heharler, DID	While at work	(e) Means of injury	**************
	19.	(a) Odrel 17, 1944 (b)	ternet le Vaule	23. Signaturo	M.D.	4/
	_	(Defe received local registrar)	(Registrar's signature) (Licensed Embalmer's Sta	tement on Reverse Side)	Date sig	ed. Z. E.Y
		1 3 90	,			

RECEIVED		
District Health Cistrict File Number	Officer No.	Ω,
Date Filed 5 /	2-40	J,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	whose name is recorded on the reverse side of this certificate was embalmed by me, or by			
<u> </u>	•			
·	•	Paristand Appropria No.		

working under my personal supervision.

Signed Licensed Embalmer No. 3/1/

P. O. Address & Charles Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.